

LIBRARY



THE URBAN DISTRICT COUNCIL OF EARBY

ANNUAL REPORT

OF THE



MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

BY

M. Hunter, M.B.E., M.D., D.P.H.

THE URBAN DISTRICT COUNCIL OF EARBY

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year

1952

by

M. HUNTER, M.B.E., M.D., D.P.H.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29179816>

HEALTH COMMITTEE.

Councillor Firth (Chairman)

" Boydell
" Greenwood
" Higson
" O'Toole
" Peel
" Pickles
" Waddington
" Whitehead

STAFF OF THE DEPARTMENT.

Medical Officer of Health and
Divisional Medical Officer.

M. Hunter, M.B.E., M.D., D.P.H.

Sanitary Inspector and
Cleansing Superintendent.

M.H. Beckwith, M.R., San.I.

Sanitary Inspector's Clerk.

M. Ridge.

Divisional Health Office,
19a, High Street,
Skipton.

To the Chairman and Members of the
Health Committee.

Mr. Chairman and Gentlemen,

I have pleasure in presenting to you the report for the year 1952., and including as an appendix a report on the Local Health Authority's services in the West Riding County Council's No.1. Health Division which covers the urban districts of Silsden, Skipton, Earby and Barnoldswick, and the Skipton Rural District.

The sections of the report dealing with housing, factories, environmental hygiene, and the supervision of food have been compiled by the Sanitary Inspector to whom my thanks are due, not only for this, but for his co-operation and assistance throughout the year.

It is, of course, but a brief report on the work performed, and is largely without news value. Only by looking back to the beginning of the century can a true appreciation be obtained of what has been done by advances in medicine and the prevention of disease. During that period infant and maternal mortality rates alike have fallen to one fifth: the death rate of school children has fallen by some 79%: the dreaded summer diarrhoea of infants has been abolished: and the proportion of people over 65 has more than doubled. These are but a few examples. "The first duty of medicine" wrote Sir George Newman "is not to cure disease but to prevent it".

In concluding this introduction, I should like to place on record my thanks to the Chairman and Members, the Clerk and other officials and the staff of the department for their kindness and courteous assistance at all times.

I am

Your obedient servant.

M. Hunter.

Medical Officer of Health.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS.

Area of the Urban District (acres)	3,519
Estimated population	5,244
Population at 1951 Census	5,348
Number of Inhabited Houses (estimated)	1,936
Rateable Value for General Rate	£29,331. 0. 0.
Sum represented by a Penny Rate	£ 113.10. 6.

BIRTHS:

	<u>Total.</u>	<u>Male.</u>	<u>Female.</u>
Live, Legitimate	54	31	23
Illegitimate	5	3	2
Total:	<u>59</u>	<u>34</u>	<u>25</u>
Still, Legitimate... ..	3	2	1
Illegitimate	-	-	-
Total:	<u>3</u>	<u>2</u>	<u>1</u>
Total Births:	<u>62</u>	<u>36</u>	<u>26</u>

BIRTH RATES:

Live Births (per 1,000 estimated population)	11.25
Still Births(per 1,000 live and still births)... ..	48.38

DEATH RATES:

(crude)

(per 1,000 estimated population).

All Causes	14.49
Tuberculosis of Respiratory System19
Other forms of Tuberculosis... ..	-
Respiratory Diseases93
Cancer	1.14
Heart and Circulatory Diseases	7.62

Death Rates of Infants under One Year of
Age.

All Infants (per 1,000 live births)... ..	17
---	----

Birth Rates, Death Rates, Analysis of Mortality, Maternal Mortality,
and Case Rates for Certain Infectious Diseases in the Year 1952.

Provisional figures based on Quarterly Returns.

	<u>England and Wales.</u>	<u>C.B.'s and great towns incl. London.</u>	<u>Smaller towns (resident pop. 25,000- 50,000 at 1951 Census).</u>	<u>London Admin. County.</u>	<u>Earby Urban District.</u>
	Rates per 1,000 Home Population.				
BIRTHS:					
Live Births	15.3	16.9	15.5	17.6	11.25
Still Births	(0.35 (22.6(a)	0.43 24.6(a)	0.36 23.0(a)	0.34 19.2(a)	.57 48.57(a)
DEATHS:					
All Causes	11.3	12.1	11.2	12.6	14.49
Typhoid and Paratyphoid	0.00	0.00	0.00	-	-
Whooping Cough	0.00	0.00	0.00	0.00	-
Diphtheria	0.00	0.00	0.00	0.00	-
Tuberculosis	0.24	0.28	0.23	0.21	.19
Influenza	0.04	0.04	0.04	0.05	-
Smallpox	0.00	-	-	-	-
Acute Poliomyelitis (incl. Polio- encephalitis)	0.01	0.01	0.00	0.01	-
Pneumonia	0.47	0.52	0.43	0.55	.38
NOTIFICATIONS: (corrected)					
Typhoid	0.00	0.00	0.00	0.00	-
Paratyphoid Fever	0.02	0.02	0.03	0.01	-
Meningococcal Infection	0.03	0.03	0.05	0.02	-
Scarlet Fever	1.53	1.55	1.53	1.50	1.53
Whooping Cough	2.61	2.74	2.57	1.66	0.42
Diphtheria	0.01	0.01	0.05	0.01	-
Erysipelas	0.14	0.15	0.12	0.14	-
Smallpox	0.00	0.00	0.00	-	-
Measles	8.86	10.11	8.49	9.23	7.24
Pneumonia	0.72	0.80	0.62	0.67	0.56
Acute Poliomyelitis (incl. Polio- encephalitis)					
Paralytic:	0.06	0.06	0.06	0.06	-
Non-paralytic:	0.03	0.03	0.02	0.03	-
Food Poisoning	0.13	0.16	0.11	0.18	-
Puerperal Pyrexia	17.87(a)	25.94(a)	10.13(a)	50.77(a)	-

continued -	England and Wales.	C.B.'s and great towns incl. London.	Smaller towns (resident pop. 25,000- 50,000 at 1951 Census).	London Admin. County.	Farby Urban District.
Rates per 1,000 Live Births.					
DEATHS:					
All causes under 1 year of age	27.6(b)	31.2	25.8	23.8	14.91
Enteritis and Diarrhoea under 2 years of age.	1.1	1.3	0.5	0.7	-

MATERNAL MORTALITY.
Rates per 1,000 Total (Live and Still Births).

	England and Wales.	Farby Urban District.
Sepsis of pregnancy, childbirth and the puerperium	0.09	-
(Abortion with toxæmia	0.02	-
(Other toxæmias of pregnancy and the puerperium	0.21	-
Haemorrhage of pregnancy and childbirth	0.09	-
Abortion without mention of sepsis or toxæmia	0.04	-
Abortion with sepsis	0.07	-
Other complications of pregnancy, childbirth and the puerperium	0.20	-

(a) Per 1,000 Total Live and Still Births.

(b) Per 1,000 related Live Births.

DEATHS:

CAUSES OF DEATH.

Disease.	Males.	Females.	Total.
Tuberculosis Respiratory	1	-	1
Tuberculosis Other	-	-	-
Syphilitic Diseases	-	-	-
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infections	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	1	1
Other infective and parasitic diseases	-	-	-
Malignant Neoplasm, stomach	-	1	1
Malignant Neoplasm, lung, bronchus	-	-	-
Malignant Neoplasm, breast	-	-	-
Malignant Neoplasm, uterus	-	-	-
Other malignant and Lymphatic Neoplasms	2	3	5
Leukaemia, aleukaemia	-	-	-
Diabetes	-	1	1
Vascular lesions of nervous system	3	7	10
Coronary diseases, angina	8	4	12
Hypertension with heart disease	1	-	1
Other heart diseases	5	14	19
Other circulatory diseases	4	4	8
Influenza	-	-	-
Pneumonia	-	2	2
Bronchitis	2	1	3
Other diseases of respiratory system	1	-	1
Ulcer of stomach and duodenum	1	-	1
Gastritis, enteritis and diarrhoea	-	-	-
Nephritis and Nephrosis	-	1	1
Hyperplasia of prostate	-	-	-
Pregnancy, Childbirth, Abortion	-	-	-
Congenital malformations	-	-	-
Other defined and ill-defined diseases	3	3	6
Motor vehicle accidents	-	1	1
All other accidents	-	-	-
Striking	-	-	-
Homicide and operations of war	-	-	-
ALL CAUSES:	32	44	76

COMMENTARY ON VITAL STATISTICS.

1. BIRTHS:

The birth rate of 11.3 shows a further reduction when compared with rates of 13.6., 17.4 and 18.1 in the three preceding years. The rate for England and Wales as a whole was 15.3 compared with 15.5., 15.8., 16.7 and 17.9 in the four preceding years.

2. DEATHS:

The crude death rate was 14.5 compared with 12.6 and 14.8 in the two preceding years. The adjusted death rate was 13.8 compared with 11.3 for England and Wales as a whole. This adjusted death rate is obtained by using the area comparability factor supplied by the Registrar General to permit a comparison to be made between populations which vary in their constitution according to age and sex, and in which birth and death rates are not otherwise strictly comparable.

Diseases of the heart and circulatory system were by far the commonest cause of death, followed by vascular lesions of the nervous system, and cancer.

3. INFANTILE MORTALITY.

This is the death rate of children under one year of age. A rate of 16.9., and rates of 13.8., 21 and 31 in the three preceding years, compare favourably with the rate for England and Wales as a whole which was reduced to 27.6 in 1952.

4. MATERNAL MORTALITY.

There were no deaths attributable to pregnancy, childbirth or the puerperium for the third year in succession. A most satisfactory state to report on. This rate, which is calculated per 1,000 live and still births, fell to 0.72 in England and Wales as a whole, compared with 0.79., 0.86 and 0.98 in the three preceding years.

Whilst vital statistics have for long been regarded and still form a useful guide to the major causes of death, their value as an index of the health of a district is now being questioned. For when many of the grave diseases, particularly infections, are a thing of the past, or have diminished in importance, it is becoming evident that we lack reliable statistical evidence on morbidity, i.e., ill health of the kind which fills hospitals, out-patient departments and doctors' surgeries, and which results not in death but in lowered resistance, anxiety states, and an inability to make the most of life. It has, therefore, been suggested that other indices of social health or ill health should be considered such as the fall in the birth rate, the suicide rate, the incidence of juvenile delinquency, the industrial sickness rate, and the extent of absenteeism, if we are to obtain a true estimate of the health of the nation and avoid an excess of optimism.

SECTION B.
GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

1. GENERAL.

The home nursing, midwifery, health visiting, ambulance, home help and mental health services are provided by the County Council and dealt with in the Appendix. Reference will also be found there to staffing and clinic arrangements, vaccination and immunisation, the prevention of illness, and the school health service.

2. LABORATORY SERVICES.

The Medical Research Council's laboratories in Wakefield and Bradford are available for the examination of water, ice cream, milk and a variety of pathological specimens. They provide an excellent service and the advice and assistance of their directors has been greatly appreciated.

3. BLIND PERSONS.

There are 13 blind persons registered in the district. Supervision is given by the blind persons teacher employed by the County Council, and specialist examinations are carried out periodically by an ophthalmologist.

4. HOSPITAL SERVICES.

There have been no major alterations in the general arrangements during the year. The proportion of births taking place in hospital is very high, and no application for admission has been refused. Even so, there have been periods when a proportion of beds have been unoccupied, and a review of the hospital maternity services is overdue.

There has been no difficulty in securing accommodation for cases of infectious disease, and the pressure on beds for the aged and chronic sick appears to be rather less. It is hoped that the Skipton General Hospital will eventually be developed to meet the needs of the Craven District, for present arrangements fall far short of that ideal. It may be of interest to the reader of this report to know that the cost of the hospital services in England and Wales is now £250 million per annum, and the following table shows the average cost per week of maintaining a patient during the year ended 31st March, 1951 in the different types of hospital in the Leeds Regional Board's area.

Wholly general	Mainly chronic	Maternity	Mental	Tuberculosis.
£13. 4. 7.	£7. 13. 1.	£16. 19. 0.	£3. 9. 10.	£9. 0. 9.

This expenditure on hospital services has increased year by year, and there is now no doubt that more emphasis should be placed on the home services, i.e., home nursing, domiciliary midwifery and home help services. Quite apart from the fact that unless hospital admission is imperative, most patients are happier and would prefer to remain at home.

5. NATIONAL ASSISTANCE ACTS 1948 and 1951.

These Acts provide for the removal to hospital or other suitable place of persons suffering from grave chronic disease, or being aged, infirm, or physically handicapped are living in insanitary conditions, being unable to devote to themselves and not receiving from other persons proper care and attention.

It was not necessary to take action under these Acts during the year, for although cases of this type came to notice it was eventually possible to deal with all of them by other methods.

6. FOOD HYGIENE.

Although no outbreak of food poisoning was reported in the district during the year, we all live under the constant threat of infections due to germs of intestinal origin. The prevention of food poisoning depends on sound personal and environmental hygiene, and the following abstract from the Report of the Chief Medical Officer on "The State of the Public Health in 1950" provides an excellent summary.

"While much has still to be discovered about the spread of food infections, particularly those associated with the salmonellae, the application of present knowledge by caterers might make an immediate and substantial difference to the size of the problem. Nearly half the outbreaks where the kind of food by which the infection was spread was ascertained were associated with processed, made-up and re-heated meat dishes such as meat pies, brawn, sausage, pressed beef, re-heated and cold meats, stews, gravy and stock. These outbreaks were due to failure to maintain an adequate standard of personal and kitchen hygiene, and to faulty methods used in preparing food for large numbers. Harmful bacteria usually get into food from the contaminated hands of kitchen workers and cooks. Scrupulous personal hygiene is essential for all food handlers. Every effort must be made by employers to provide wash-hand basins in kitchens and water closets, with abundant hot water, soap, nail brushes and clean towels. Employees must be made to recognise that it is their duty to wash their hands and forearms frequently during the day's work, and that particular care is required after visits to the water closet. Though education in the hygiene of food preparation is now spreading owing to the efforts of medical officers of health and the catering trade, it still lags far behind what is necessary. Members of the public can speed the progress by actively insisting that their food is prepared and served with due regard to cleanliness at all stages".

Trifles, custard, cream buns, ice cream and other foods of a like kind usually provide the means of transmission of infection in the other half of the outbreaks. Whilst infected duck eggs still continue to provide their quota of cases. Contrary to what is often thought, there is little danger in this country from the use of meat derived from diseased animals; it lies wholly in the methods of preparation and sale.

This subject is one which obviously requires a great deal of attention, for food poisoning is an entirely preventable disease.

7. WATER SUPPLIES.

Mr. Walker the Surveyor and Water Engineer has kindly provided the following information:-

- (i) The water supply during 1952 has been entirely satisfactory in quantity and generally satisfactory in quality. Certain intake feeders, however, were found to be carrying a very high bacterial count during the rains of October following the drier summer months, and these waters were immediately excluded from the system.
- (ii) Continuing last year's arrangements, Mr. Beckwith has taken 85 samples of water from all sources, and at all stages for examination in the Public Health Laboratory, the results of which have been generally satisfactory. No chemical analyses were made during the year.
- (iii) Samples of water taken and examined confirmed that the supplies are not liable to plumbo-solvent action.
- (iv) Following the high counts found in the October samples referred to above the contamination was considered to be due to infiltration of polluted waters from re-seeded grazing land on Moor Hall Farm together with possible pollution from one field owned by the Council and at present occupied as grazing land for any stock.

Steps are being taken in an endeavour to secure the restriction of the grazing on the Moor Hall lands, referred to above, to sheep and the same restriction is being placed on the use of the Council-owned land.

(v) Number of houses with direct supply: 1,850.

Population served (approximately): 5,130.

There are no stand-pipe supplies.

8. ATMOSPHERIC POLLUTION.

The measurement of atmospheric pollution is undertaken by the County Council in co-operation with the Department of Scientific and Industrial Research, and three types of instruments are located in Skipton. The deposit gauge measures the amount of deposited matter polluting the atmosphere, the lead peroxide instrument the amount of sulphur (SO_3) pollution, and the smoke filter the amount of suspended impurity.

The results of analyses with these instruments are shown in the following table:-

ATMOSPHERIC POLLUTION - continued

Month	Rainfall in m.m.	Total Solids deposited in tons per sq. mile.	Sulphur - in milligrammes (SO ₃) per 100 sq. cms. per day.	Average daily suspended impurity in milligrammes per cubic metre.
January	108	13.85	0.86	55.2
February	22	8.05	0.79	55.2
March	40	5.63	4.55	39.4
April	57	17.25	0.53	55.2
May	No figures available.		0.48	30.2
June	63	11.35	0.27	30.2
July	82	21.53	0.18	21.0
August	103	14.69	0.40	23.0
September	102	16.95	0.32	No figures available.
October	104	15.63	0.59	" " " "
November	49	11.39	0.70	33.3
December	91	20.38	0.97	39.4

It has been estimated that each year in Britain about three million tons of solid matter are thrown into the air together with about five million tons of sulphur dioxide. Most of the ash is from non-domestic sources, but half the carbonaceous matter or 'smoke' is derived from the inefficient and wasteful domestic fire. This pollution of the air causes not only economic loss, but also has important social implications, and although some progress has been made towards its reduction by legislation, education and in the improved design of fires and furnaces, a great deal more remains to be done.

The evil results of atmospheric pollution were evident in London in early December when there was a very severe fog. The deaths registered rose from 945 for the week ending December 6th to 2,484 in the following week, the increase being associated almost entirely with disorders of the heart and respiratory system. These figures refer only to deaths: one can only surmise what the effect may have been on the health of those Londoners who did not die.

9. CREMATION.

The Skipton Urban District Council's Crematorium was opened on 30th May, 1952., and since that date over 300 cremations have taken place. There is a growing demand for this simple, complete, hygienic and reverent method of disposal of the dead, and the establishment of a Crematorium in Skipton meets a long standing need over a wide area. It is also an economic method, for half a million people die in Great Britain each year, and to bury them requires on an average, 500 acres of land.

The Medical Officer of Health is medical referee to the Crematorium assisted by a deputy as required.

SECTION C.
PREVALENCE OF, AND CONTROL OVER
INFECTIOUS DISEASES.

1. DIPHTHERIA.

Another year has passed without a single case of diphtheria in the district. The incidence throughout the country is still falling, and in 1951 there were 34 deaths and 699 notifications compared with some 3,000 deaths and 55,000 to 60,000 cases per annum in the years before the last war. Fifty years ago there were nearly 10,000 deaths per annum.

This great achievement in preventive medicine has not received the attention it merits, for the benefit conferred is not appreciated consciously by the person whose life is saved, nor indeed by anyone else. Yet the cost of immunisation against this once dreaded disease is relatively insignificant both in money and in the trouble involved.

2. SCARLET FEVER.

This disease was less prevalent, there being 11 cases compared with 19 and 52 in the two preceding years. All were of a mild type.

3. MEASLES.

1951 was the year of the biennial outbreak with 147 cases. A reduction was, therefore, expected, and only 38 cases occurred in 1952.

4. WHOOPING COUGH.

The incidence has varied little during recent years, and there were 34 cases in 1952. Vaccination against this disease was made freely available during the second half of the year, and if generally accepted should produce a considerable reduction in future years.

5. PNEUMONIA.

14 notifications were received. With modern treatment this is now an infrequent cause of death.

6. TUBERCULOSIS.

Under Section 28 of the National Health Service Act the Medical Officer of Health is responsible for the prevention of tuberculosis, and for the after care of patients. Preventive measures include the tracing of the source of infection in notified cases, the following up and examination of contacts, the training of patients in a mode of life and habits which will render them 'safe' to the community, and the instruction of the family in practical steps to guard against infection. He must be assured of the closest co-operation by other responsible authorities, and of full information concerning patients suffering from the infection. In 1949 there were 20,000 deaths from tuberculosis in England and Wales.

Tuberculosis - continued

In the previous year the ratio (%) of deaths to notifications was 38. This gives some idea of the magnitude of the problem, but recent developments at least bear some promise of hastening the day when the disease will be brought under control. These include streptomycin and other new drugs, the use of mass miniature radiography on an increasing scale, tuberculin testing, B.C.G. vaccination, the provision of additional beds in sanatoria, and the elimination of tuberculosis germs from milk either by pasteurisation or the establishment of herds free from infection. It should not pass unnoticed that during this year Denmark held celebrations to mark the final eradication of tuberculosis from her dairy herds.

In so far as this district is concerned, there were 6 cases notified compared with 5 and 8 in the two preceding years. There was 1 death from the disease. 6 patients were admitted to sanatoria, and 3 patients discharged.

B.C.G. VACCINE. This has been offered by the Chest Physician in all suitable cases. It is a form of inoculation similar in principle to smallpox vaccination, and produces in the human body an artificially acquired resistance to the disease. As it has only been in use in this country for a comparatively short time, it is uncertain whether it offers complete protection, but there is little doubt that it reduces the risk of contracting tuberculosis.

MASS RADIOGRAPHY - is used for the detection of early and symptomless cases of tuberculosis, and the units available in this country are examining about two million people every year. About 3.5 per thousand of all persons examined are found to have active tuberculous conditions.

A Unit of the Regional Hospital Board visited Skipton during the year, but did not operate elsewhere in the area. It is difficult for administrative reasons to give figures on a strictly local basis, so the findings are given as received. They apply to persons attending entirely of their own volition.

MASS RADIOGRAPHY - continued

<u>Examinations carried out.</u>	<u>Males:</u>	<u>Females:</u>
(a) Miniature X-rays taken	357	509
(b) Large X-rays taken	22	17
<u>Analysis of provisional findings.</u>		
(a) Cases of probable active tuberculosis	-	1
(b) " " inactive "	5	6
(c) Other abnormalities	9	6
(d) Failed to re-attend for large films.	3	3

Although there is hesitancy in drawing conclusion from such a small survey, the findings in respect of active cases again compare very favourably with both regional and national figures.

7. VENEREAL DISEASES.

Notification of these diseases is not made to the Medical Officer of Health but according to figures supplied by the County Venereologist, there were no cases from Barby attending special treatment centres during the year. Cases may, however, have attended general practitioners without reference to the special centres.

Facilities for diagnosis and treatment are available at the Burnley and Keighley Hospitals, and certain medical practitioners in the district provide a modified service. The County Council provides a social worker to follow up cases and contacts when required.

8. OTHER DISEASES.

No notifications were received of dysentery, erysipelas, food poisoning, poliomyelitis, or meningococcal infection. There were, however, six cases of poliomyelitis in the divisional area, two of which (both adults) proved fatal.

NOTIFICATIONS OF, AND DEATHS FROM INFECTIOUS DISEASES.

Disease Notified	Age Groups								Total cases notified	Cases admitted to hospital	Total Deaths
	0 to 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 and over	Age unknown			
Scarlet Fever	-	2	4	3	1	1	-	-	11	8	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-
Measles	-	6	5	26	1	-	-	-	38	1	-
Whooping Cough	1	9	11	11	1	1	-	-	34	-	-

[illegible]

SANITARY CIRCUMSTANCES OF THE AREA.
SUMMARY OF INSPECTIONS.

HOUSING ACCOMMODATION:

Interviews	201
Inspections	199

PUBLIC HEALTH AND
HOUSING ACT:

Inspections	132
Revisits	350

GENERAL:

Drainage	155
Public Conveniences	80
Rats and Mice	50
Tip	16
Salvage	157
Refuse Collection	79
Water Supply	81
Smoke Observations	116
Defective Dustbins	60
Factories	14
Interviews with owners	67
Accumulations	9
Clinic	6
Day Nursery	3
Outscavenging	6
Schools	16
Shops	20
Sewer Treatment	1
Sewage Works	20
Disinfections	8
Cinema	4
Hotels and Inns	16
Rag and Bone Dealers	10

FOOD PREMISES:

Inspections:	167
--------------	-----

INFECTIOUS DISEASES:

Inquiries	16
Disinfections	8

SAMPLING:

Water (Bacteriological)	78
Water (Plumbo-Solvency)	4
Ice-Cream	30
Milk (Bacteriological)	8

NOTICES:

Informal,	Served	70	Complied with	59
Statutory,	Served	3	Complied with	3

SUMMARY OF WORK CARRIED OUT.

DISREPAIR:

Roofs repaired	1
Defective Plaster repaired	2
Outbuildings repaired	2
Walls repaired	3
Floors repaired	1
Windows repaired	2
Doors repaired	1
Fireplaces repaired	1

DAMPNESS:

29

SANITARY DEFECTS:

Defective Drains repaired	4
Eaves Gutters repaired	3
Sinks repaired	2
Rainwater Pipes repaired	3
W.W.C's repaired	8

MEAT AND OTHER FOODS.

SLAUGHTERHOUSES:

There are four private and one public slaughterhouse in the district. There is no centralised slaughtering.

MEAT SHOPS AND DISTRIBUTING VEHICLES:

These have remained satisfactory throughout the year.

SLAUGHTER OF ANIMALS ACT, 1933.

There are thirteen licenced slaughtermen in the register.

UN SOUND FOOD:

During the year the following foodstuffs were examined and found to be unfit for human consumption:-

Bacon:	73 lbs. 4 ozs.
Pork:	2 lbs. 12 ozs.

BAKEHOUSES:

Number in Register11

Regular visits were made to the above premises and conditions were found to be satisfactory. Regular cleansing and linewashing were carried out. Coke fired ovens have been replaced in certain instances by electrically heated ovens. There are no basement bakehouses in the district.

FISH FRYERS:

Number on Register 6

15 visits were made to these premises and conditions were found to be satisfactory.

PRESERVED FOOD PREMISES:

Number on Register 2

These premises were regularly inspected and found to be satisfactory.

FOOD AND DRUGS ACT, 1938. - sampling.

I am informed by the West Riding County Council, being the Food and Drugs Authority under the above Act, that the following samples were taken by their officers during the year:-

	<u>Genuine.</u>	<u>Adulterated.</u>	<u>Total.</u>
Milk	14	1	15
Other Foods	7	-	7
Drugs	-	-	-

One sample of milk taken from a producer-retailer was found to be slightly deficient in fat content. A letter of caution was issued by the Clerk of the County Council.

FOOD BYELAWS:

Food premises have been regularly inspected under the Food Byelaws and advice and instruction given to the occupiers with regard to the matters concerning general and personal hygiene. A supply of hot water is now provided in all food shops, but in some instances the method of heating the water is far from satisfactory.

The standard of cleanliness in the food shops appears to be very high, and no cases of food poisoning have been reported.

ICE-CREAM.

Number of premises registered for the sale and manufacture of ice-cream 4.

Number of premises registered for the sale of ice-cream....19.

Forty visits were made to those premises during the year, and note was given to the cleanliness of utensils and plant. There is a definite tendency for retailers to obtain wrapped ice-cream from manufacturers. This is a step in the right direction, as there is less contamination when serving.

Thirty samples of ice-cream were taken during the year, and the bacteriological examinations were carried out by the Public Health Laboratory at Bradford. The results of these examinations showed that 25 samples were placed in grade 1., and five in grade 11.

MILK AND DAIRIES.

Administration appertaining to Milk and Dairies has now been reduced to sampling milk, a summary of which is given below:-

<u>Milk.</u>	<u>Test.</u>	<u>Taken.</u>	<u>Satisfactory.</u>	<u>Unsatis.</u>
Tuberculin				
Tested	Methylene Blue	2	2	-
Accredited	"	2	2	-
Ordinary	"	4	4	-

LICENCES:

Milk (Special Designations) (Pasteurised and Sterilised Milk)
Regulations 1949.

	<u>Dealers</u> <u>Licences.</u>	<u>Supplementary</u> <u>Licences</u>
Tuberculin Tested (Pasteurised)	1	1
Pasteurised	-	2
Sterilised	2	1

Milk (Special Designations) (Raw Milk) Regulations, 1949.

	<u>Dealers</u> <u>Licences.</u>	<u>Supplementary</u> <u>Licences.</u>
Tuberculin Tested	1	-
Accredited	-	-

HOUSING.

The following table gives details of the number of applicants on the Council's waiting list, together with the re-housing that has taken place during the year.

Number of applicants on Register 31.12.51.	205
Number of applicants registered during 1952.	<u>74</u>
	279
Number re-housed:	15
Number withdrawn:	109
	<u>124</u>
	<u>155</u>

There are still some families living under unsatisfactory conditions due to lack of bedroom space.

The Council's waiting list has been reduced during the year chiefly by the personal efforts of the applicants in finding their own homes. The Council re-housed some very urgent cases in lodgings and the housing position of Earby has improved greatly.

NEW HOUSES:

(a) Erection of New Houses was confined to the re-development of Northolme Estate and to the building of Old Peoples' Bungalows. The target for the Northolme Estate fell below the estimated figure, and only 33 houses were occupied during the year. It is hoped, however, that the progress during 1953 will be much quicker, now the site for future houses has been cleared.

Eight Old Peoples' Bungalows were completed during the year and are now occupied.

Two traditional type houses on Rushton Avenue Site were completed.

(b) Future Development:

Re-development of Northolme Estate is continuing and when all the occupants of the existing bungalows are re-housed it is hoped there will be a considerable number of houses available for applicants on the Council's waiting list.

Six Old Peoples' Bungalows on Wentcliffe Drive are under construction and these will be ready for occupation during 1953. A further 12 are planned for erection on two sites in the district.

HOUSING - continued

Ten Airey Type Houses will be commenced early in 1953 at Kelbrook and it is hoped that some will be completed and ready for occupation during the year.

GENERAL:

The question of repairs to old property is still an urgent problem, and in view of recent agitation at government level it is hoped that some solution is evolved to stop any further deterioration of this class of property.

PUBLIC CLEANSING AND SALVAGE.

REFUSE COLLECTION AND DISPOSAL:

Outscavenging duties in the Kelbrook area, which are carried out by contract, have been satisfactorily attended to during the year. Seven ashpits at New Hague were converted, and the dustbins are now emptied weekly by the Refuse Collection Vehicle.

Weekly Refuse Collection was continued, and no difficulty was experienced in maintaining this service. The Department received no complaints regarding collection.

The Staff engaged on collection and disposal have again proved very efficient and willing, and the Department has had no difficulty in engaging suitable labour.

The Refuse Tip in Stoneybank Road is still in use, and an alternative site in Coolham Lane was also used during the summer months. At the moment there is no shortage of tipping sites, and arrangements have been made with owners for future use of their land.

SALVAGE:

Collection of waste paper, scrap iron and rags is carried out in conjunction with the collection of refuse, but the reduced prices of these commodities has caused a considerable drop in the revenue, and will have an adverse effect on the Rates. It is still possible, however, to make a small profit on salvage, and whilst this continues collections will still be made.

SALVAGE .. continued

COST OF COLLECTION AND DISPOSAL.

EXPENDITURE:

COLLECTION:

	£.	s.	d.	
Wages	1,806	3	9	
Haulage	833	12	8	
Tools, Implements and Repairs	44	17	11	
Outscavenging	6	13	4	
Depot, Rent and Insurance	167	19	7	
Printing, etc.	3	1	11	
Loan charges on vehicle	116	2	-	
Other Expenses	12	14	3	£2,991. 5. 5.

DISPOSAL:

Wages: Tip	392	-	1	
Incinerator	83	12	8	
Haulage	16	10	3	
Repairs and Maintenance	24	5	..	
Rent and Insurance	4	2	..	
Loan Charges	32	12	8	£ 553. 2. 8.

GROSS COST: £3,544. 8. 1.

INCOME:

Salvage	396	14	..	
Sale of Dustbins	15	1	5	
Emptying Ashpits	5	16	4	£ 917. 11. 9.

DISPOSAL:

Tipping Charges	9	-	-	
Tip Rents		13	-	
Rent of Booth Bridge Farm	29	-	-	£ 38. 13. -

NETT COST: £2,588. 5. 4.

Average nett cost per load £2. 18. 6.

Average nett cost per ton £1. 8. 7.

Number of loads removed

Motor vehicle 885.

Estimated weight of refuse removed:

Motor vehicle 1,807 tons. 17 cwts.

SANITARY ACCOMMODATION.PUBLIC CONVENIENCES:

There are four public conveniences installed in the district. All are of modern construction, and the new one at Kelbrook is now in use.

Twenty waste water closets were converted during the year.

The Council has agreed to provide some financial assistance in the conversion of waste water closets at food premises.

<u>FACTORIES.</u>				
1.	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
(a) Factories in which Sections 1,2,3,4 & 6 are to be enforced by local authorities	9	5	-	-
(b) Factories not included in (a) in which section is enforced by the local authority	40	32	-	-
(c) Other premises in which Section 7 is enforced by local authority (excl. out-workers premises).	-	-	-	-
Total:	49	37	-	-

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars.	No. of cases in which defects were		No. of cases in which prosecutions were instituted.
	Found	Remedied.	
Want of Cleanliness	-	-	-
Overcrowding	-	-	-
Unreasonable Temperature	-	-	-
Inadequate ventilation	-	-	-
Ineffective drainage of Floors	-	-	-
Sanitary Conveniences:-			
(a) insufficient	1	1	-
(b) Unsuitable or defective	-	-	-
(c) not separate (sexes)	-	-	-
Other offences against this Act (not incl. offences relating to outwork).	-	-	-
Total:	1	1	-

SMOKE OBSERVATIONS:

It was found necessary on five occasions to call attention to infringements of the Council's byelaws relating to black smoke emission. It was noticed, however, that the amount of black smoke emitted from the factory chimneys in this area was less than in previous years, and there does not appear to be any serious degree of atmospheric pollution.

RODENT CONTROL:

The Department is responsible for the administration of the relevant provisions of the Damage by Pests Act, 1949. It is not generally realised that under this act, occupiers of land, which includes dwelling houses, business premises, etc., have a responsibility to keep land or premises in their occupation free from rats and mice. In certain instances, however, where it is deemed advisable to perform a wholesale treatment of an area, the local authority are given powers to carry this out.

Fifty visits were made during the year in order to deal with complaints received. No heavy infestations were encountered, but regular and systematic treatments have been carried out whenever weather conditions permitted at the Council's refuse tip, sewage works and depot. Minor infestations at individual properties were dealt with, and where necessary structural work executed.

SEWERS:

During April a test was performed on 10% of the manholes of the Council's sewerage system. 37 manholes were baited and revisited 48 hours later. The results revealed "no take".

The total number of inspections in regard to the baiting and treatment of the sewers was 74.

WEST RIDING COUNTY COUNCIL.

DIVISION NO.1.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1952.

CONTENTS.

1. General Description.
2. Staff.
3. Health Centres.
4. Care of Mothers and Young Children.
5. Midwifery Services.
6. Home Nursing.
7. Health Visiting.
8. Home Help Service.
9. Mental Health Service.
10. Vaccination and Immunisation.
11. Prevention of Illness and After Care.
12. Problem Families.
13. Ambulance Service.
14. The School Health Service.
15. Medical Examinations.

1. GENERAL DESCRIPTION.

The Division consists of the following districts:-

	Population.	Area in Acres.
Silsden Urban District	5,320	7,101
Earby Urban District	5,348	3,519
Barnoldswick Urban District	10,282	4,210
Skipton Urban District	13,210	2,764
Skipton Rural District	23,715	146,071

(Ø Registrar General's Preliminary Report on the 1951 Census).

This gives a mixed urban and rural community with a variety of trades and occupations. Social conditions have changed little during the year, although at one period shortage of orders in the textile trade gave rise to fears of widespread unemployment, and the number of married women working in the mills has been reduced.

Although progress has been made in all districts during the year, the general housing position cannot be regarded as satisfactory. For many families are still on the waiting lists for new houses, whilst others are occupying premises which would certainly have been closed or demolished had the last War not intervened and stopped all progress in slum clearance. In this connection it is important to realise that in Great Britain no less than 37½% of households have no fixed bath, and a further 7½% share with other households; that 8% had no water closet, and 1% shared; 6% had no piped water supply in the house, and 11% shared. These figures are from "Census 1951., Gt. Britain, One per cent, Sample Tables".

2. DIVISIONAL STAFF - as at 31st December, 1952.

(a) MEDICAL.

M. Hunter.	M.B.E., M.D., D.P.H.,	Divisional Medical Officer.
B.M. Leakey.	M.B., B.S.,	Assistant County Medical Officer.
D. Tillotson.	M.B., Ch.B.) Clinic doctors working on a sessional basis.
A.B. Morrison.	M.R.C.S., L.R.C.P.,	
G.D.G. Cameron.	M.R.C.S., L.R.C.P.,	

DIVISIONAL STAFF - continued

(b) NURSING.

Divisional Superintendent Health Visitor	1
Health Visitors/School Nurses	10
Home Nurses	5
Home Nurse/Midwives	5
Home Nurse/Midwife/Health Visitors	3
Midwives	3

(c) OTHER.

Ø Mental Health Social Worker	1
Ø Home Teacher (Under Mental Deficiency Acts)	1
Ø Venereal Diseases Social Worker.	1
Ø Speech Therapist	1

(Ø Part time in No. 1. Division).

(d) DAY NURSERY STAFF.

Matron	1
Deputy Matron	1
Nursery Assistants	6
Nursery Students	-
Cooks and Domestics	3

(e) ADMINISTRATIVE AND CLERICAL.

Administrative (Chief Clerk)	1
Clerical	6

(f) HOME HELPS.

Full time	16
Part time	6

(g) OTHER DOMESTIC STAFF.

Part time	4
-----------	---

Total: 75

The Division has again been fortunate in having an almost complete establishment of staff throughout the year, and it has usually been possible to provide adequate relief for those absent on holidays, courses, and through illness. Every effort has been made to provide the maximum assistance to patients, medical practitioners, hospitals and schools, but much more could be done if the staff were available. Social medicine has conferred incalculable benefits on the community, but its scope is obviously limited when only 7 per cent of the £355 million pounds spent on the National Health Service is allocated to the Local Health Authority's services.

Furthermore, full value will never be obtained from this enormous sum of money until co-operation between the three main branches of the National Health Service is greatly improved.

A number of staff conferences have been held during the year, addressed by speakers engaged in work related to our own sphere. Conferences have also been held to discuss the problem of children neglected or ill-treated in their own homes, to which all persons having an interest in this form of social work have been invited. This is a matter which is often closely connected with Problem Families, to which reference is made later in the report.

HEALTH CENTRES.

Health centres were to play an important part in the original conception of the National Health Service, but the shortage of building labour and materials has made it impossible even to think of developing them on anything but a very limited and experimental scale. This Division has neither a health centre nor a multiple clinic, and continued use has been made of buildings quite unsuited to clinic purposes. Much good work has, however, been accomplished under difficulties, and the large clinic attendances show how much these services are appreciated. Now that the services of the family doctor are available to all children the clinics have been able to resume their true function - education in maternity and child welfare, where there is time for discussion of everyday problems of health as they affect the mother and her family. The service is complementary to that which the general practitioner provides.

CARE OF MOTHERS AND YOUNG CHILDREN.

(a) BIRTHS:

Public Health Act, 1936 - Section 203.

Return of births notified in the Divisional Area during the period 1st January to 31st December, 1952.

Details.	Domiciliary		Institutional		Total.
	Live	Still	Live	Still	
(a) Primary Notifications	167	1	469	17	654
(b) Add Inward Transfers	4	1	197	9	211
(c) Total Notifications received	171	2	666	26	865
(d) Deduct Outward Transfers	3	-	44	2	49
(e) Total adjusted births.	168	2	622	24	816

Analysis of Institutional Births:

Born in (a)	Hospitals	579	23
(b)	Maternity Homes	40	1
(c)	Nursing Homes	3	-

Total:

622 24

(b) INFANT WELFARE CENTRES.

Name and Address of Centre	Number of Infant Welfare Sessions now held per month	Number of children who attended during the year	No. of children who first attended during year and who on the date of their first attendance were:--		No. of children in attendance at end of year who were then:--				Total number of attendances made by children in column 5 during the year.	
			Under 1 yr.	Over 1 yr.	Under 1 yr.	1-2 yrs.	Over 2 yrs.	Under 1 yr.	Over 1 yr.	
Barnoldswick Methodist Hall	8	367	113	8	104	85	176	2,642	1,310	
Earby Old Grammar School	6	157	49	1	44	45	68	973	301	
Gargrave The Institute	2	63	15	7	18	16	29	255	212	
Glusburn Ebenezer Sunday School	4	231	98	5	86	91	104	1,417	607	
Grassington Church House	2	86	13	5	13	26	47	262	299	
Silsden Kirkgate Sunday School	4	167	68	8	54	44	65	1,080	646	
Skipton Willfields Hall	12	407	139	8	150	45	216	2,928	2,200	
Totals:	38	1,528	495	42	449	352	705	9,557	5,575	

(c) ANTE-NATAL CLINICS.

Name and address of Ante-Natal Clinic (whether held at Infant Welfare Centre or other premises)	No. of sessions now held per month.		Number of women in attendance.				Total No. of attendances made by women during the year.		
			No. of women who attended during the year.	No. of women in previous column who had <u>not</u> pre- viously attended an A/N Clinic during current pregnancy.	Separate Sessions.				
	Combined with I.W.	Doctors.			Mid- wives only.				
						Combined with I.W.		Doctors.	Mid- wives only.
Barnoldswick Methodist Hall	-	4	-	130	-	95	-	501	-
Earby Old Grammar School	-	2	-	73	-	58	-	357	-
Glusburn Ebenezer Sunday School	-	2	-	37	-	33	-	220	-
Grassington Church House	-	1	-	12	-	8	-	45	-
Total for 4 clinics.	-	9	-	252	-	194	-	1123	-

ANTE-NATAL CLINICS - continued

The advantages of attending these ante-natal clinics are several. The blood of all patients is taken for Rhesus and Kahn testing, and for a haemoglobin estimation. Weighing, urine testing and blood pressure readings are carried out at every visit. There are opportunities for discussing health problems, and preparations for the confinement with the doctor, health visitor and midwife; and to attend the relaxation exercise classes which are provided at two clinics.

(d) ANTE-NATAL HOSTEL.

The County Council provides a hostel at Brighouse for patients requiring rest rather than special forms of treatment. It is, however, little used by patients from this Division because it is far from their homes, which expectant mothers are disinclined to leave unless compelled to do so by acute illness: and unlike the hospital, residence therein is not free of cost.

(c) DENTAL CARE.

Although a dental clinic is now operating at the periphery of the Division shortage of staff has so far prevented its use by expectant and nursing mothers. Arrangements have, therefore, been continued whereby local dental practitioners have provided treatment under the County Council's scheme.

(f) CARE OF PREMATURE INFANTS.

A premature infant is defined as one weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation. Such infants require particular care which is available in hospital, and in their own homes. In the latter case, special equipment is kept within the Division and conveyed by ambulance on the midwife's request.

(g) DAY NURSERIES.

Children of the following categories within the age range 0-5 years are eligible for admission to day nurseries:-

- (i) The young child whose mother is ill or having a baby.
- (ii) The illegitimate child whose mother is seeking work.
- (iii) Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.
- (iv) The young child of a widow who must educate and support her family unassisted, and also the young child of the mother whose husband is ill.
- (v) The child whose mother is engaged in the textile or other export industry.
- (vi) The child whose mother is engaged in the armament industry.
- (vii) Other reasons.

DAY NURSERIES - continued

The Earby Day Nursery has been open throughout the year. It has forty places, and training for the syllabus of the National Nursery Examination Board's Certificate has been undertaken there.

At Barnoldswick progress towards completing the new day nursery has been very slow, but it should be ready for use early in 1953. Day nurseries are under medical supervision; babies and children being examined on admission, and periodically thereafter.

There are no residential nurseries within the Division.

(h) CHILDRENS' HOMES.

These are administered by the Welfare Department, but all children are medically examined by the Health Department staff on admission, on discharge, and periodically during their residence therein. There are two such homes in Skipton, Aireview House and Burnside: the former being temporarily unoccupied.

(i) CARE OF THE UNMARRIED MOTHER AND HER CHILD.

This is a duty which presents many problems, often difficult to solve satisfactorily. Arrangements are made for hospital confinement, domiciliary confinement, or admission for a varying period to homes administered by voluntary organisations, depending on the circumstances of each case.

Where admission to a Home is arranged, the County Council provides financial assistance for West Riding residents. Considerable help has also been received from the Organising Secretary of the Bradford Diocesan Moral Welfare Council.

The two greatest difficulties - lack of accommodation and money, could be overcome by the provision of a hostel where mother and baby could be kept together during the difficult early years while the mother goes to work each day. There is need for such a hostel.

MIDWIFERY SERVICES.

Three whole-time midwives have been employed. Eight home nurses also undertake midwifery, as the system of combined duties has proved to be the most practical in rural areas. These eleven members of the staff are trained to give gas and air analgesia during childbirth.

MIDWIFERY SERVICES - continued

The number of midwives employed in hospitals in the Division on 31st December, 1952 was ten.

STATISTICS.

Number of confinements in the Divisional area attended by midwives:-

			No. of Cases.			
	Domiciliary.		Institutional.		Total.	
	As Mid-wives.	As Maternity Nurses.	As Mid-wives.	As Maternity Nurses.	As Mid-wives.	As Maternity Nurses.
(1) Midwives employed by the Authority						
(a) Whole-time	47	30	-	-	47	30
(b) Home Nurse/ Midwives.	35	56	-	-	35	56
(2) Midwives employed by Voluntary Organisations	-	-	-	-	-	-
(3) Midwives employed by Hospital Management Committees	-	-	450	36	450	36
(4) Midwives in Private Practice:						
(a) Nursing Homes	-	-	-	-	-	-
(b) Others	-	-	-	-	-	-
Totals:	82	86	450	36	532	122

(5) No. of cases discharged from hospitals and Maternity Homes to the care of the Midwife before the 14th day... .. 3.

In 1951 there were 194 domiciliary confinements and 682 in hospital. The comparable figures for 1952 are 173 and 692.

MEDICAL AID NOTICES.

Summary of notices issued by midwives requesting the services of a doctor, as prescribed in the rules of the Central Midwives Board:-

Pregnancy:	Nil
Labour:	26
Lying-in:	Nil
The Child:	2

HOME NURSING.

Five whole-time nurses, and eight nurses who combine home nursing and midwifery have been employed to care for patients in their own homes. As might be expected in an area such as this the type and amount of work varies greatly, depending to a considerable extent on the availability of hospital beds and out-patient treatment facilities. Much of it is, however, amongst the elderly and long term sick where a kindly, tactful and efficient manner is so necessary.

A summary of the work done by the home nurses is as follows:-

- (i) Number of visits paid by home nurses during the year: 33,108
- (ii) Number of cases attended by home nurses during the year
(excluding midwifery and maternity cases): 2,018

7. HEALTH VISITING.

Health visitors (who are also qualified nurses and midwives) are provided for home visiting, for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection. In this Division, they are also employed as school nurses, and tuberculosis health visitors so that each has an area (usually with a clinic as well) in which she can employ her knowledge and skill in a wide variety of circumstances, and make an important contribution towards improving the health of the community. The most valuable part of this work is done in the homes where individual health teaching is given and families helped with their many problems.

STATISTICS.

Number of visits paid by Health Visitors during the year:-

	First Visits.	Total Visits.
(i) Expectant Mothers	208	548
(ii) Children under 1 yr. of age.	754	6,115
(iii) " between 1 and 5 yrs.	20	8,952
(iv) Other cases	365	2,650
	1,347	18,265

8. HOME HELP SERVICE.

During the year home helps have been provided for cases coming within the following classifications:-

	<u>No. of cases.</u>	<u>Hours employed.</u>
(i) Illness in the home		
(a) Tuberculosis	3	460
(b) Other	62	5,409
(ii) For expectant mothers	7	1,470
(iii) For confinements in the home	83	8,822
(iv) Where needed because of a mentally defective person in the house	2	204
(v) For the aged because of		
(a) Illness	37	9,914
(b) Infirmary	59	11,691
(vi) Where the mother is ill or otherwise unable to care for children of, or under school age	<u>10</u>	<u>3,711</u>
Total:	<u>263</u>	Total: <u>41,681</u>

During the year the authorised establishment of home helps has been eighteen, or the equivalent in part-time workers. As the demand has always exceeded the supply, the increase in establishment for 1953 will be most welcome.

Although satisfactory in most respects the service still lacks that flexibility which is so necessary when dealing with urgent calls for assistance. The opinion is still held that these calls could be more easily dealt with by the employment of a very limited number of salaried whole-time helps who could be directed to homes as the need arose, and without delay. They would also be able to provide more continuous care for the aged, particularly if employed to care for a group. Such an arrangement would also reduce the amount of supervision which is required under existing rules, and place greater emphasis on the fact that the service is primarily an emergency one for the benefit of the many, rather than for the continued assistance of a few long term cases.

9. MENTAL HEALTH SERVICE.

The functions of the Local Health Authority under existing legislation are as follows:-

(a) The appointment of duly authorised officers to take initial proceedings for removal to hospital of persons who are to be dealt with under the Lunacy and Mental Treatment Acts.

MENTAL HEALTH SERVICE - continued

- (b) The duty under the Mental Deficiency Acts 1913 - 18 of ascertaining what persons in the area are defectives; providing suitable supervision for them, guardianship, or institutional care; and making arrangements for the provision of suitable training or occupation for defectives not in institutions.
- (c) The duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness, so far as provision is not otherwise made.
- (d) The provision of an ambulance service for the purpose of the mental health service.

Under the terms of paragraph (a) the duly authorised officer has dealt with the following cases during the year:-

(i)	Number of cases certified under Section 16 of the Lunacy Act, 1890.	12
(ii)	Number of cases dealt with under Section 20.	-
(iii)	Number of cases dealt with under Section 21.	1.
(iv)	Number of cases in which authorised officers have assisted in obtaining admission under Section 1 of the Mental Treatment Act.	-
(v)	Cases dealt with under Section 2 of the Mental Treatment Act.	-
(vi)	Any other cases referred to the authorised officer for action, but where it was not found necessary to proceed under the Lunacy or Mental Treatment Acts.	9

The mental health social worker has dealt with cases under the provisions of paragraphs (b) and (c)., and a home teacher was appointed during the year for the training and teaching of defectives in their own homes. Her presence will meet a long standing demand, and arrangements have been completed for her to operate a group training centre in Skipton which certain defectives will attend on three days each week.

The shortage of institutional accommodation for mental defectives still persists, for although there are about 56,200 in institutions in this country, 4,000 were awaiting admission at the beginning of the year, half of whom were regarded as urgent cases. This Division is in a fortunate position at present as there are no very urgent cases awaiting admission.

The position in hospitals for the mentally ill (as distinct from the defectives) is very similar, and they are overcrowded. Furthermore, there is a lack of liaison between mental hospitals, psychiatric out-patient clinics, and local health authority in the important matter of after-care, for the

hospital social workers are few, and the duly authorised officers are neither specially trained, nor wholly employed in this type of work.

STATISTICS.

Particulars of mental defectives as on 1st January, 1952.

Number of Ascertained Mental Defectives found to be "subject to be dealt with"

	Male.	Female.	Total.
(a) On licence from institutions (Under 16 years of age) (Age 16 years and over)	- 1	- -	- 1
(b) Under guardianship (incl. cases on licence therefrom) (Under 16 years of age) (Age 16 years and over)	- 1	- -	- 1
(c) Under Statutory Supervision (excl. cases on licence) (Under 16 years of age) (Over 16 years of age)	2 27	4 17	6 44
Number of cases incl. in (b) and (c) above awaiting removal to an institution.	2	2	4
2. Number of mental defectives not at present "subject to be dealt with" but over whom some form of voluntary supervision is maintained: (Under 16 years of age) (Age 16 years and over)	3 7	- 3	3 10
3. Number of mental defectives receiving training: (a) In Occupation Centres: (Under 16 years of age) (Age 16 years and over) (b) At home.	1 - 5	1 - 7	2 - 12
4. Of the total number of mental defectives known to the Local Health Authority - (a) Number who have given birth to children during 1952:- (1) After marriage (2) While unmarried (b) Number who have married during 1952:-	- - -	- - -	- - -

10. VACCINATION AND IMMUNISATION.

Under the National Health Service Act the Local Health Authority has a statutory duty to make arrangements for persons in its area to be vaccinated against smallpox and immunised against diphtheria.

Vaccination and immunisation are, therefore, offered to the parents of all babies, and if desired are carried out by the family doctor or at any child welfare centre. Immunisation is again offered when the child reaches school age.

Both procedures are voluntary and without charge. These factors, along with the greatly reduced incidence of both diphtheria and smallpox give many parents an entirely false sense of security. For smallpox may be imported into this country at any time, and the remarkable fall in incidence and deaths from diphtheria during the past 10 years has only been achieved by immunisation.

Unfortunately, the numbers vaccinated and immunised in the Division in 1952 show a decrease on the previous year, so the position is still far from satisfactory.

Authority was received during the year to undertake vaccination against whooping cough, which is now one of the more serious diseases of infancy and childhood. Vaccination consists of three small injections given at monthly intervals which, should it not fully protect every child will certainly modify the disease and result in a mild attack. This vaccination is available at all child welfare centres, and general practitioners are supplied with the vaccine on request.

STATISTICS.

(a) Number of persons vaccinated (or re-vaccinated) during period.

Age at date of vaccination	Under 1 yr.	1 yr.	2 - 4 yrs.	5 - 14 yrs.	15 yrs. or over.	Total.
Number vaccinated	176	116	24	20	65	401
Number re-vaccinated	-	-	-	5	122	127

(b) Number of children who completed a full course of primary immunisation against diphtheria during the year.

Age at date of final injection.		
Under 5.	5 to 14.	Total.
520	114	634

(c) Number of children who were given a secondary or reinforcing injection (i.e., subsequent to complete full course) during the year 690.

STATISTICS.

(d) Number of children who completed a full course of immunisation against whooping cough during the year:-

Age at 31.12.52. i.e. born in year.	Under 1 1952	1 1951	2 1950	3 1949	4 1948	Total
Number immunised	25	77	31	10	5	149

11. PREVENTION OF ILLNESS - CARE AND AFTER CARE.

This is a very large subject indeed, and although it has been the concern of all health authorities for many years, it will be many more before the additional responsibilities placed upon them by the National Health Service Act can be adequately dealt with.

To mention but a few points, of which health education is, perhaps, the most obvious. This is regarded as the responsibility of every member of the staff, for the personal approach and example are the best method of promoting it. Assistance is available in the form of leaflets and posters, but the subject cannot be properly dealt with until more staff are available to give lectures and demonstrations to many types of audience, supplemented by films and health exhibitions etc. The prevention of road accidents receives much attention, for some 6,000 persons die therefrom each year. But it is rarely appreciated that more people die every year from accidents in and around their homes, many of them from burns and scalds. Many more are injured. These deaths and injuries are, of course, preventable.

Fortunately, it is possible to devote more time to certain other aspects of prevention, notably tuberculosis. For we have a close liaison with the Chest Physician through the attendance of health visitors at his clinics, and by means of case conferences and discussions.

A variety of services has been provided under the "care and after care" scheme, including sick room requisites for home nurses; the follow-up of cases discharged from the larger hospitals; the provision of crutches; special beds; invalid chairs, convalescent home treatment, and extra milk for certain cases of tuberculosis.

This is an appropriate place to refer to the welfare of the aged. It is frequently called the problem of the aged, which is unfortunate, for the old people have done much for the country, and much for their families at a time when the State helped very little. Here the Local Authority's chief job should be the prevention of disease, debility and distress; the obvious agents being the home nurses and the home helps. The provision of suitably designed dwellings and ensuring that their homes are kept in a proper state of repair are also important.

For some old people much is being done in other ways - e.g., home visiting, social clubs, chiropody and "meals on wheels". But there are others who are without these services or the help of relatives, and living in difficult and deteriorating circumstances. They are often unwilling to enter a hostel or home, and eventually have to be admitted to a hospital. In old age, the dividing line between sickness and comparative health is narrow, and an individual may cross and recross it many times. For such individuals, and they are an increasing number, the solution appears to be "the half way house" where, with a little nursing and attention, the individual could be restored to comparative health and return to his or her own home.

Unfortunately, no such 'house' exists in these parts, and there is no choice between hospital and Part III Accommodation (i.e., a home or hostel where the patient must be ambulant and not in need of even temporary nursing).

PROBLEM FAMILIES.

As the standards of parentcraft, and, in spite of everything, the physical environment of the bulk of the population have improved so greatly over the last two or three generations, so a sharper emphasis is given to the small minority which is incapable of keeping pace with the general march of progress. This minority constitutes the problem families, and reference has already been made to them in Section 2. In brief, they are families showing social defectiveness of such a degree that they require care, supervision and control, for their own well being, and that of others. A register of such families is kept, and although there are few in this Division, there are others near the border line which is very easily crossed when such things as ill-health, unemployment or crime are added to the family's difficulties.

It is not easy to deal effectively with this problem with our present staff, and judging by results from the large towns, by far the best method appears to lie in the employment of Family Service Units sponsored by the Society of Friends.

AMBULANCE SERVICE.

During the year the ambulances previously operated by the Earby and Barnoldswick Urban District Councils on an agency basis were taken over by the County Ambulance Service, and a new depot was opened in Barnoldswick. Silsden Urban district and adjacent parishes continue to be served from the Keighley depot, and Addingham and Beamsley from Quiseley. The remainder of the Division is served by the Skipton depot or the St. John's Ambulance Brigade vehicle at Grassington.

STATISTICS.

	<u>1952.</u>
Mileage covered:	80,523.

Patients carried:	10,138.
-------------------	---------

AMBULANCE SERVICE - continued

The latest available figures (for the year ending 31st March, 1951) show that over England and Wales the average cost of this service per vehicle per mile was 1/3d. The total cost was £7,411,502.

14. THE SCHOOL HEALTH SERVICE.

The arrangement whereby each child is medically examined at least three times during school life has been continued, along with special examinations and re-examinations as necessary.

Nothing in the National Health Service takes its place, for although a child may be on a doctor's list, that doctor has no particular responsibility towards him unless the child is taken to consult him, whereas the school medical officer has a continual responsibility for the school child whether specifically consulting him or not. Long intervals may elapse during which a child may be suffering from an ailment which he and his parents have failed to appreciate, or become so accustomed to that they no longer notice it, or at any rate, have taken no steps to have it remedied. The service is also proving of value in providing guidance for the Youth Employment Officers in finding work for school leavers for which they are physically and mentally best fitted.

The statistical tables show the general condition of the children as mainly very satisfactory. Many factors contribute to this happy situation; milk in schools, school meals, the better general standard of living of a larger number of people, and not the least, the continuous supervision of the health of the pre-school child, and the education of the mothers by health visitors, either at child welfare clinics or by home visitations.

TABLE 1.

(a) PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants:	1,026.
Second Age Group:	611
Third Age Group:	<u>379</u>

Total: 2,016

Number of other Periodic
Inspections: 197

Grand Total: 2,213

(b) OTHER INSPECTIONS.

Number of Special Inspections:	533
Number of re-inspections:	<u>481</u>

1,014

c) CLASSIFICATION OF THE GENERAL CONDITION OF ALL PUPILS
GIVEN A ROUTINE EXAMINATION.

Age Group	Number of pupils inspected	(A) Good		(B) Fair		(C) Poor	
		No.	% of Col.2.	No.	% of Col.2.	No.	% of Col.2.
Entrants	1,026	706	68.81.	319	31.00	1	.19
Second age group	611	412	67.00	199	33.00	-	-
Third age group	379	283	75.00	96	25.00	-	-
Other period inspections	197	144	73.00	53	27.00	-	-
Total:	2,213	1,545	69.82	667	30.14	1	.04

d) PUPILS FOUND TO REQUIRE TREATMENT.

Group	Defective vision (ex- cluding squint).	For any of the other conditions recorded in Table 11A.	Total individ- ual pupils.
Entrants	22	151	157
Second age group	49	68	103
Third age group	54	75	108
Total (prescribed groups)	125	294	368
Other periodic inspections	8	31	37
Grand Total:	133	325	405

TABLE II.

(e) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31st DECEMBER, 1952.

(All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection).

Defect or Disease.	Number of Defects.			
	Periodic Inspections.		Special Inspections.	
	Requiring Treatment.	Requiring observation but not treatment.	Requiring Treatment	Requiring observation but not treatment.
Skin	40	9	7	1
Eyes: (a) Vision	133	110	32	57
(b) Squint	35	13	8	-
(c) Other	8	6	4	2
Ears: (a) Hearing	2	8	2	6
(b) Otitis Media	5	7	2	3
(c) Other	3	2	1	2
Nose or Throat	40	145	8	28
Speech	19	16	8	4
Cervical Glands	4	57	3	9
Heart and Circulation	12	58	5	15
Lungs	13	49	9	13
Developmental: (a) Hernia	1	8	-	3
(b) Other	4	102	4	6
Orthopaedic: (a) Posture	21	14	9	7
(b) Flat Foot	52	25	11	5
(c) Other	25	54	12	14
Nervous System: (a) Epilepsy	3	4	3	1
(b) Other	5	11	1	-
Psychological (a) Development	-	3	1	14
(b) Stability	6	8	2	6
Other	37	17	17	10
Total:	468	726	149	206

THE SCHOOL HEALTH SERVICE - continued

(f) ARRANGEMENTS FOR TREATMENT.

Observation and treatment clinics are held in Skipton, Silsden and Barnoldswick.

Special clinics are held for Orthopaedic, Ear, Nose and Throat, Eye and Speech Defects. A Child Guidance Clinic is held every fortnight.

(g) HANDICAPPED PUPILS.

A register is maintained of all pupils who, owing to some mental or physical disability require special educational treatment. At the end of the year, ~~41~~ pupils were included, the division into the various classes being as follows:-

Blind	3	Partially Deaf	1	Physically Handicapped	11
Partially Sighted	2	Maladjusted	6	Educationally	
Deaf	5	Delicate	7	Subnormal	12
Total:					<u>47.</u>

The number of pupils who were away at special schools at the end of the year was 31., the details being as follows:-

Schools for the Blind	2	Schools for the Maladjusted	6
" " " Partially Sighted	1	" " " Delicate	6
" " " Deaf	5	" " " Physically	
" " " Partially Deaf	1	" " " Handicapped	6
		" " " Educationally	
		Subnormal	4
		Total:	<u>31</u>

(h) PUPILS UNDER OBSERVATION.

In addition to the pupils classified as handicapped under the Education Act, 1944., 134 children with defects of a less serious or temporary nature were kept under observation during the year.

(i) NETHERSIDE HALL, Threshfield, a residential school for delicate boys whose homes are in the West Riding is situated within the Division. Medical supervision and nursing care are provided by the staff of the department.

(j) DENTAL SERVICE.

The following statistics have been provided by Mr. O.A. Long, Area Dental Officer:-

DENTAL SERVICE - continued

Number of children inspected	2,843
" " " found to require treatment	2,237
" " " offered treatment	1,950
" " " treated	1,100
" " Attendances	1,737
" " Extractions:	
(a) temporary	1,280
(b) permanent	153
" " General Anaesthetics:	Nil
" " Fillings:	
(a) temporary	246
(b) permanent	1,170
" " Other treatments:	
(a) temporary	137
(b) permanent	583

15 MEDICAL EXAMINATIONS.

Particulars of medical examinations carried out by the Divisional Medical Staff are listed below:-

Entry to County Superannuation Scheme:	40
Teachers and entrants to training colleges:	11
Fitness for work:	25

In addition, certain examinations were carried out under the Children Act, 1948., the Mental Deficiency Acts, and the Education Act, 1944.

